North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

2004-2005 Performance Agreements with Area Authorities and County Programs

Report on the First Quarter

July 1, 2004 - September 30, 2004

Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

November-2004

North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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Michael F. Easley, Governor

Carmen Hooker Odom, Secretary

Michael Moseley, Director

November 17, 2004

MEMORANDUM

TO: Area Board Chairs
Area Program Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs

FROM: Michael Moseley

RE: **2004-2005 Performance Agreement - First Quarter Report**

I am pleased to transmit the Division of Mental Health, Developmental Disabilities and Substance Abuse Services' First Quarter performance report for the State Fiscal Year 2004-2005.

In previous correspondence we advised the LMEs that the measures in the current FY 03-04 Performance Agreement would be used for reporting purposes for the FY 04-05 first and second quarters ending December 31, 2004. The LMEs that have signed the 04-05 Performance Contract by January 1, 2005 will be held to and begin reporting information for the new requirements beginning with the third and fourth quarter. Those Area Programs that have not signed the FY 04-05 Performance Contract by January 1, 2005 will continue to report information for the FY 03-04 Performance Agreement requirements until such time as they sign the new contract.

State fiscal year 2004-2005 is the sixth year the Division will use performance agreements/contracts with its local partners. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

If you have any questions, please let us know.

MM/tbq

Enclosure

cc: Secretary Carmen Hooker Odom
Lanier Cansler
James Bernstein
DMH/DD/SAS Executive Leadership Team
Mike Mayer
Kaye Holder
Robin Huffman
Patrice Roesler
Carol Duncan Clayton
Bob Hedrick
Dick Oliver

2004-2005 Performance Agreement
First Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2004-2005 is the sixth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the first quarter report under the 2004-2005 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the fourth quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Michael Moseley, Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2004-2005 Performance Agreement Report Schedule-First and Second Quarters

November 2004

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	**#**	**Requirement**	**Nov 15**	**Feb 15**	**May 15**	**Aug 15**
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.	**As Needed** This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		a. Quarterly Fiscal Monitoring Reports	X	X	X	X
		b. Cost Finding Report		X		
		c. Quarterly Local Business Plan (LBP) updates	X	X	X	X
		d. Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		e. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		f. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
		g. TANF/Work First Initiative Quarterly Reports	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Maintain accreditation by a nationally recognized accrediting body	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		a. Client Data Warehouse (CDW)	X	X	X	X
		b. Client Outcome Initiative (COI)	X	X	X	X
		c. NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		d. Participate in the Developmental Disabilities Core Indicators Project			X	
		e. Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		f. Complete the NC SNAP				X
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Service Delivery	1	Offer an appointment to see individuals who choose the AA/CP for follow-up care within five (5) working days after notification to the AA/CP of discharge from state hospitals and ADATCs. If the individual does not attend the appointment (i.e., no show), the AA/CP will document that reasonable professional efforts were made to see or reschedule the person. Adult Mental Health and Substance Abuse Services				X

2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
	a	Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	b	Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	c	Quarterly Report Local Business Plan	Dick Oliver Local Management Entity Team Systems Performance Team	(919) 715-1294 Dick.Oliver@ncmail.net	LME Systems Performance Team 3015 Mial Service Center Raleigh, NC 27699-3015
	d	Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Maxine Terry, Accountability Team	(919) 881-2446 Maxine.Terry@ncmail.net	Accountability Team MSC 3012 Raleigh, NC 27699-3012
	e	Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	TANF/Work First Initiative	Smith Worth, Quality Management Team	(919) 733-0696 Smith.Worth@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	h	IPRS Submissions	Deborah Merrill Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Community Policy Management Section 3007 Mail Service Cente Raleigh, NC 27699-3007
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013

2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	NA , Information Systems Team	(919) 715-7774 NA	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation.	Shealy Thompson Quality Management Team	(919) 733-0696 Shealy.Thompson@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	3	Submit timely and complete client data reports:			
	a	Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
	b	Client Outcomes Instrument (COI)	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	c	NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail. net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	d	Participate in the Developmental Disabilities Core Indicator Project	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	e	Local Community Collaboratives will submit CTSP waiting list data	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Complete the NC SNAP	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
E. Service Delivery	1	Offer appointment to see individuals who choose the Area Authority/County Program for follow-up care within 5 working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATCs			
	a	Adult Mental Health	Bonnie Morrell, Best Practices Team	(919) 715-2774 Bonnie.Morrell@ncmail.net	Best PracticesTeam 3005 Mail Service Center Raleigh, NC 27699-3005

2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
	b	Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.Bakerl@ncmail.net	State Operated Services 3006 Mail Service Center Raleigh, NC 27699-3006

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Fiscal Management 1 - Maintain Responsible Practices

<u>Performance Requirement</u>: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2

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Fiscal Management 2 - Quarterly Fiscal Monitoring Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the fourth quarter FY 2003-2004

A P/County	1st Qtr FY 03-04 Report Received	2nd Qtr FY 03-04 Report Received	3rd Qtr FY 03-04 Report Received	4th Qtr FY 03-04 Cash-Basis Report Received	4th Qtr FY 03-04 Accrual-Basis Report Received	Comments
Alamance-Caswell						
Albemarle						
Catawba						
CenterPoint						
CrossRoads						
Cumberland						
Eastpointe						
Durham						
Edgecombe-Nash						
Foothills						
Guilford						
Johnston						
Lee-Harnett						
Mecklenburg						
Neuse						
New River						
Onslow						
Orange-Person-Chatham						
Pathways						
Piedmont (Davidson)						
Pitt						
RiverStone						
Roanoke-Chowan						
Rockingham						
Sandhills						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland						
VGFW						
Western Highlands						
Wake						
Wilson-Greene						

4th Quarter reports are due the end of the month following the quarter (8/31/04)

4th Quarter reports were due the first quarter of 04-05 but were not submitted by the Budget and Finance Team

2004-2005 Performance Agreement
First Quarter LBP Update Tracking Report
July 1, 2004 - June 30, 2005

Fiscal Management 2 - Local Business Plan (LBP) Updates

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Local Business Plan (LBP) Updates.

Explanation: This report lists area authorities/county programs that submitted a quarterly LBP update as required.

Area Authority/County Program	July	October	January	April	Comments
Alamance-Caswell	X				
Albermarle	X	X			
Catawba	X	X			
Centerpoint					
Crossroads	X				
Cumberland	X	X			
Durham		X			
Edgecombe-Nash/Wilson-Greene	X				
Eastpointe					
Foothills	X	X			
Guilford	X	X			
Johnston	X	X			
Lee-Harnett	NO QTRLY DUE				
Mecklenburg	X	X			
Neuse	X				
New River	X				
Onslow	X	X			
Orange-Person-Chatham	X	X			
Pathways	X	X			
Piedmont	X				
Pitt	X	X			
Roanoke-Chowan	X	X			
Rockingham	NO QTRLY DUE	X			
Sandhills Center	X	X			
Smoky Mountain	X	X			
Southeastern Center	X				
Southeastern Regional	X	X			
Tideland	X				
VGFW-Riverstone	X	X			
Wake	X				
Western Highlands Network	X	X			

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Fiscal Management 2 - SA/Juvenile Justice Initiative Quarterly Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	*Criterion 1* Receipt of Report from Area Program *(Date Received)*				*Criterion 2* Timeliness of Receipt of Report *(Yes/No)*				*Criterion 3* Completeness of Report *(Yes/No)*			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
*# and % of Area Programs **Meeting** Criterion*	***Meeting*** *Criterion Reflected by Date or 'Y'*	***23 (71.9%)***				***21 (65.6%)***				***23 (71.9%)***			
*# and % of Area Programs **Not Meeting** Criterion*	***Not Meeting*** *Criterion Reflected by 'None' or 'N'*	***9 (28.1%)***				***11 (16.9%)***				***9 (13.8%)***			
Alamance-Caswell	MAJORS	10/20/04				Yes				Yes			
Albemarle	Multi-Purpose GH	**None**				**No**				**No**			
CenterPoint	Juvenile Detention	**None**				**No**				**No**			
	MAJORS	10/20/04				Yes				Yes			
Cumberland	Juvenile Detention	10/20/04				Yes				Yes			
	MAJORS	10/20/04				Yes				Yes			
Durham	Juvenile Detention	10/20/04				Yes				Yes			
	MAJORS	**None**				**No**				**No**			
Eastpoint	Youth Develop. Ctr.	10/8/04				Yes				Yes			
	Multi-Purpose GH	10/18/04				Yes				Yes			
Foothills	Juvenile Detention	10/20/04				Yes				Yes			
Guilford	Juvenile Detention	**None**				**No**				**No**			
	MAJORS	10/18/04				Yes				Yes			
Mecklenburg	Juvenile Detention	9/13/04				Yes				Yes			
Neuse	Multi-Purpose GH	**None**				**No**				**No**			
	MAJORS	10/20/04				Yes				Yes			
Pathways	Juvenile Detention	**None**				**No**				**No**			
Piedmont	Youth Develop. Ctr.	**None**				**No**				**No**			
	MAJORS	**None**				**No**				**No**			
Pitt	Juvenile Detention	10/19/04				Yes				Yes			
	MAJORS	10/15/04				Yes				Yes			
Roanoke-Chowan	Multi-Purpose GH	10/20/04				Yes				Yes			
Rockingham	MAJORS	10/19/04				Yes				Yes			
Sandhills	Juvenile Detention	10/20/04				Yes				Yes			
	Youth Develop. Ctr.	10/20/04				Yes				Yes			
	MAJORS	10/20/04				Yes				Yes			
SE Center	Juvenile Detention	10/11/04				Yes				Yes			
SE Regional	Multi-Purpose GH	10/18/04				Yes				Yes			
Tideland	MAJORS	10/20/04				Yes				Yes			
V-G-F-W	Youth Develop. Ctr.	**None**				**No**				**No**			

Wake	Juvenile Detention	10/22/04				**No**				Yes			
	MAJORS	10/22/04				**No**				Yes			
Western Highlands	Juvenile Detention	10/20/04				Yes				Yes			
	Youth Develop. Ctr.	10/20/04				Yes				Yes			
	BRIDGE Program	10/20/04				Yes				Yes			

***** Report revisions are designated in ***bold and italics*** and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Community Policy Management (CPM) Section-Quality Management to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634-G, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura at (919) 733-0696.

II. Description of CPM Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The CPM Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 03-04. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the CPM Section State Office by the 20th of the month following the end of the quarter.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2003-2004 Performance for the period of July 1, 2003 through June 30, 2004 are as follows:

Report Quarter: 1st	**Report Period:** 07/01/03 – 9/30/03	**Due Date:** 10/20/03
Report Quarter: 2nd	**Report Period:** 10/01/03 – 12/31/03	**Due Date:** 01/20/04
Report Quarter: 3rd	**Report Period:** 01/01/04– 03/31/04	**Due Date:** 04/20/04
Report Quarter: 4th	**Report Period:** 04/01/03 – 06/30/04	**Due Date:** 07/20/04

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the CPM State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie Qadura** at (919) 715-3604 not later than by 5:00 pm on the due date, with verbal confirmation by the program with **Terrie Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Community Policy Management Section-Quality Management if *received by 5:00 pm on the immediately following business day.*

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the Community Policy Management Section-Quality Management with full data for all applicable report sections.

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs **Fully Meeting** Each Criterion (100% Score)	29 of 29	29 of 29	29 of 29	
Meeting Each Criterion (< 100% Score)	0 of 0	0 of 0	0 of 0	
Albemarle	100%	100%	100%	
Blue Ridge Western Highlands)	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Crossroads	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson-Piedmont	100%	100%	100%	
Durham	100%	100%	100%	
Eastpointe (Wayne)	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Foothills	100%	100%	100%	
Guilford	100%	100%	100%	
Johnston	100%	100%	100%	
Lee-Harnett				No QSAP hired
Mecklenburg	100%	100%	100%	
Neuse				No QSAP hired
New River	100%	100%	100%	
Onslow	100%	100%	100%	
Pathways	100%	100%	100%	
Pitt	100%	100%	100%	
Randolph-Sandhills	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	100%	100%	100%	
Smoky Mountain				No QSAP hired
Southeastern Area	100%	100%	100%	
Southeastern Regional	100%	100%	100%	
Tidelands				No QSAP hired
Wake	100%	100%	100%	
Wilson-Greene	100%	100%	100%	

Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the Community Policy Management Section to the attention of Smith Worth, Quality Management Team, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Smith Worth at (919) 715-2774.

SFY 04-05 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2004 - September 30, 2004	Due Date: October 20, 2004
Quarter 2: Report Period: October 1, 2004 - December 31, 2004	Due Date: January 20, 2005
Quarter 3: Report Period: January 1, 2005 - March 31, 2005	Due Date: April 20, 2005
Quarter 4: Report Period: April 1, 2005 - June 30, 2005	Due Date: July 20, 2005

III. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Work First/Substance Abuse Quarterly Report

The CPM Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criteria is reflected in a score of less than 100%.

Timeliness of report receipt will be determined on the basis of whether submission to Smith Worth in the CPM Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- Receipt by e-mail to Smith.Worth@ncmail.net not later than by 5:00 PM on due date; or
- Receipt by fax to Smith Worth at (919) 715-3604 by 5:00 PM on due date, with verbal confirmation by the program with Smith Worth at (919) 733-0696 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the CPM Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the CPM Office as follows:

- Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit); and
- Provision of information is identifiable by calendar month; and
- Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

  Not Fully Meeting criterion is reflected in a score of less than 100%

Corrective Action Required of Area Program

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Community Policy Management Section by April 29, 2004. Corrective Action(s) are to be directed to the attention of Smith Worth, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Smith Worth at (919) 715-2774.

Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the CPM Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Smith Worth no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Smith Worth after consultation with State office staff.

Accountability 1
Alamance-Caswell
Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004	2/24/2004			Semi-Annual Report, 7/1/03 - 12/31/03, submittted to Quality Management.
04-05 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				No data submission to the CDW for Quarter 1 (August, & September)
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				31% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Albemarle

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				82% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile multi-purpose group home within 30 days of December 1, 2004.	Quality Management					No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.

Accountability 1
Catawba

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

Accountability 1
CenterPoint

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				68% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal, Primary).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile multi-purpose group home within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.

Accountability 1
Crossroads

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004	3/22/2004			Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.
04-05 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				No data submission to the CDW for Quarter 1 (September)
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				70% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).

Accountability 1
Cumberland

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				80% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Durham

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20,	Data Operations Branch	12/20/2004				73% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the MAJORS program within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the MAJORS program.

Accountability 1
EastPointe

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal, Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				71% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

Accountability 1
Edgecombe-Nash

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20,	Data Operations Branch	12/20/2004				83% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Foothills

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Fourth Quarter 02-03 CTSP Waitlist information for Foothills Area Program by September 15, 2003.	Child and Family Services	9/15/2003				

Accountability 1
Guilford

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				74% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile multi-purpose group home within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.

Accountability 1
Johnston

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

Accountability 1
Lee-Harnett

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

Accountability 1
Mecklenburg

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal, Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Required Data Fields Exceeds 10% (Competancy Status).
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				72% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Neuse

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile multi-purpose group home within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.

Accountability 1
New River

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20,	Data Operations Branch	12/20/2004				80% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Onslow

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

Accountability 1
Orange-Person-Chatham

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				81% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Pathways

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile multi-purpose group home within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.

Accountability 1
Piedmont

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				No data submission to the CDW for Quarter 1 (July, August, & September) (NOTE: Due to problems with file submission.)
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the MAJORS program within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the MAJORS program..
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the youth development center within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the youth development center.

Accountability 1
Pitt

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				86% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
RiverStone

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal and Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				86% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

Accountability 1
Roanoke-Chowan

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accept	Data Operations Branch	12/20/2004				Missing Diagnoses Exceeds 10% (Principal & Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and acc	Data Operations Branch	12/20/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

Accountability 1
Rockingham

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004	3/5/2004			No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.

Accountability 1
Sandhills

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal & Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Required Data Fields Exceeds 10% (EAP Code).
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				68% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

Accountability 1
Smoky Mountain

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				46% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Southeastern Center
Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

Accountability 1
Southeastern Regional

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

Accountability 1
Tideland

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Fourth Quarter 02-03 CTSP Waitlist information for Tideland Area Program by June 15, 2003.	Child and Family Services	6/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing fourth quarter 02-03 CTSP Waitlist information for Tideland Area Program by Septemer 15, 2003.	Child and Family Services	9/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Fourth Quarter 02-03 CTSP Waitlist information for Tidelands Area Program by September 15, 2003.	Child and Family Services	9/15/2003				
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				85% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the youth development center within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the youth development center.

Accountability 1
Wake

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004	Data Operations Branch	1/1/2005				82% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.

Accountability 1
Western Highlands

Corrective Actions as of the End of the First Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Diagnoses Exceeds 10% (Principal).
04-05 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2004	Data Operations Branch	12/20/2004				2% of the expected number of initial COI's were submitted for the time 04/01/04 - 06/30/04.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/2005				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).

2004-2005 Performance Agreement
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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of October 25, 2004 at 07:18

Area Program/County	Facility Code	JULY	AUG	SEPT	First Quarter Adm 05	First Quarter Adm 04	Monthly Average 04	Monthly Average 03
Alamance-Caswell	23051	68	0	0	**68**	0	23	0
Albemarle	43121	105	148	164	**417**	447	139	149
Western Highlands	13131	438	429	407	**1,274**	797	425	266
Catawba	13091	80	60	43	**183**	534	61	178
CenterPoint	23021	326	401	359	**1,086**	1,000	362	333
Crossroads	23011	243	71	0	**314**	771	105	257
Cumberland	33051	288	331	287	**906**	753	302	251
EastPointe	43131	265	239	238	**742**	571	247	190
Durham	23071	182	197	129	**508**	274	169	91
Edgecombe-Nash	43051	137	166	125	**428**	0	143	0
Foothills	13051	86	91	11	**188**	233	63	78
Guilford	23041	388	418	232	**1,038**	1,267	346	422
Johnston	33071	99	114	114	**327**	376	109	125
Lee-Harnett	33061	59	60	83	**202**	225	67	75
Mecklenburg						0	0	0
Carolina Medic	13101	530	570	1111	**2,211**	363	737	121
Child Dev. Disabilities	13102	449	374	287	**1,110**	433	370	144
Neuse	43071	62	87	13	**162**	192	54	64
New River	13030	214	179	118	**511**	477	170	159
Onslow	43021	43	43	31	**117**	316	39	105
Orange-Person-Chatham	23061	137	116	121	**374**	1	125	0
Pathways	13081	462	461	430	**1,353**	1,369	451	456
Piedmont	13121	0	0	0	**0**	645	0	215
Pitt	43091	128	67	78	**273**	452	91	151
RiverStone	43061	54	76	68	**198**	193	66	64
Roanoke-Chowan	43101	69	88	30	**187**	238	62	79
Rockingham	23031	109	110	116	**335**	306	112	102
Sandhills	33031	332	417	346	**1,095**	540	365	180
SE Center	43011	237	208	226	**671**	643	224	214
SE Regional	33041	156	194	140	**490**	287	163	96
Smoky Mountain	13010	212	289	301	**802**	770	267	257
Tideland	43111	133	154	62	**349**	458	116	153
V-G-F-W	23081	107	82	38	**227**	235	76	78
Wake	33081	197	205	151	**553**	683	184	228
Wilson-Greene	43041	49	53	32	**134**	216	45	72
TOTAL ADMISSIONS		**6,444**	**6,498**	**5,891**	**18,833**	**16,065**	6,278	5,355

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Accountability 3

Performance Requirement: Missing Principal or Primary Diagnosis in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 3 (Apr - Jun 2004)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	4%	5%
Albemarle	412	3%	3%
Catawba	109	3%	3%
CenterPoint	202	15%	14%
Crossroads	201	2%	2%
Cumberland	305	1%	1%
Davidson	302	0%	0%
EastPointe	413	86%	85%
Durham	207	0%	0%
Edgecombe-Nash	405	1%	1%
Foothills	105	0%	0%
Guilford	204	3%	3%
Johnston	307	0%	0%
Lee-Harnett	306	0%	0%
Mecklenburg	110	25%	25%
Neuse	407	0%	0%
New River	103	1%	2%
Onslow	402	2%	2%
Orange-Person-Chath	206	7%	6%
Pathways	108	14%	10%
Piedmont	112	100%	100%
Pitt	409	3%	3%
RiverStone	406	16%	12%
Roanoke-Chowan	410	27%	25%
Rockingham	203	1%	1%
Sandhills	303	13%	13%
SE Center	401	2%	1%
SE Regional	304	0%	0%
Smoky Mountain	101	7%	9%
Tideland	411	5%	4%
V-G-F-W	208	4%	3%
Wake	308	3%	3%
Western Highland	113	21%	3%
Wilson-Greene	404	2%	1%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse(CDW) - Missing Required Fields in the CDW - Not to exceed 10%

Explanation: The following table depicts the percentage of clients admitted during Quarter 4 Apr - Jun 2004 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 4.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETANCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	1%	0%	0%	3%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
EastPointe	413	0%	0%	0%	0%	1%	0%	0%	0%
Durham	207	0%	2%	0%	0%	0%	0%	0%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	0%	3%	0%	0%	0%	0%	0%
Guilford	204	0%	1%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	4%	16%	0%	0%	3%	1%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	1%	0%	0%	0%	0%	0%	6%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%
RiverStone	406	0%	3%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	4%	2%	0%	12%	0%	0%	1%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	2%	0%	0%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%	0%
Wayne	403	0%	0%	0%	0%	0%	0%	0%	0%
Western Highland	113	0%	0%	1%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%	0%

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Accountability 3

Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Percentage of Missing Substance Abuse Data Quarter 3 (Apr - Jun 2004)

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	6%	7%	7%	7%
Albemarle	412	8%	36%	36%	36%
Catawba	109	3%	12%	12%	12%
CenterPoint	202	0%	1%	1%	1%
Crossroads	201	12%	28%	28%	28%
Cumberland	305	0%	0%	0%	1%
EastPointe	413	11%	10%	10%	10%
Durham	207	1%	0%	0%	0%
Edgecombe-Nash	405	1%	1%	1%	1%
Foothills	105	8%	8%	8%	8%
Guilford	204	5%	5%	5%	5%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	8%	11%	11%	11%
Mecklenburg	110	0%	0%	0%	0%
Neuse	407	0%	0%	0%	0%
New River	103	2%	3%	3%	3%
Onslow	402	1%	1%	1%	1%
Orange-Person-Chatham	206	2%	5%	5%	5%
Pathways	108	1%	5%	5%	5%
Piedmont	112	0%	0%	0%	0%
Pitt	409	8%	1%	1%	1%
RiverStone	406	5%	100%	100%	100%
Roanoke-Chowan	410	0%	15%	15%	15%
Rockingham	203	0%	0%	0%	0%
Sandhills	303	4%	44%	44%	44%
SE Center	401	2%	2%	2%	3%
SE Regional	304	0%	0%	0%	0%
Smoky Mountain	101	6%	0%	0%	0%
Tideland	411	6%	22%	22%	22%
V-G-F-W	208	17%	30%	30%	30%
Wake	308	10%	6%	6%	6%
Western Highland	113	58%	31%	46%	31%
Wilson-Greene	404	1%	1%	1%	1%

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Accountability 3

Performance Requirement: Unknown Values in Mandatory Fields in the CDW- Not To Exceed 15%

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with unknown values in mandatory data fields.

Percentage Unknown Quarter 4 (Apr-Jun 2004)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	1%	8%	0%	1%
Albemarle	412	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	2%	0%	2%
Cumberland	305	0%	0%	0%	0%	0%
EastPointe	413	0%	1%	1%	0%	1%
Durham	207	0%	0%	1%	0%	3%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	0%	0%	0%	0%
Guilford	204	0%	0%	0%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%
Mecklenburg	110	0%	1%	2%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	1%	1%	0%	1%
Onslow	402	0%	0%	3%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	5%	3%	9%	0%	1%
Pitt	409	0%	0%	0%	0%	4%
RiverStone	406	0%	0%	1%	0%	0%
Roanoke-Chowan	410	0%	1%	1%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	1%	0%	0%
SE Center	401	0%	0%	3%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%
Tideland	411	0%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	1%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Western Highland	113	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

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Accountability 3

Performance Requirement: **Submit timely and complete client data reports for all clients as specified:**
Client Outcomes Instruments (COI)

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 4/1/2004 through 6/30/2004.

1	2	3	4	5	6
Area Program Name	**Admission Records Ending 3 or 6 in CDW**	**Admission COIs Submitted (3/6 Sampling Criterion)**	**NC TOPPS Admission Forms Ending in 3/6**	**Required Admission COIs As Percentage of CDW Admissions**	**% of Admission COIs and Admission NC TOPPS As Percentage of CDW**
Alamance-Caswell	87	27	0	31%	31%
Albemarle	68	43	13	63%	82%
Catawba	84	81	0	96%	96%
CenterPoint	176	106	14	60%	68%
Crossroads	180	104	22	58%	70%
Cumberland	148	118	1	80%	80%
EastPointe	159	113	0	71%	71%
Durham	114	67	16	59%	73%
Edgecombe-Nash	63	52	0	83%	83%
Foothills	59	56	0	95%	95%
Gaston-Lincoln	306	286	0	93%	93%
Guilford	261	155	39	59%	74%
Johnston	85	84	0	99%	99%
Lee-Harnett	43	43	0	100%	100%
Mecklenburg	216	154	1	71%	72%
Neuse	75	71	1	95%	96%
New River	84	67	0	80%	80%
O-P-C	83	64	3	77%	81%
Onslow	40	35	0	88%	88%
Piedmont	33	0	0	0%	0%
Pitt	51	40	4	78%	86%
River Stone	36	31	0	86%	86%
Roanoke Chowan	37	33	3	89%	97%
Rockingham	59	59	0	100%	100%
Sandhills	158	81	26	51%	68%
Smoky Mountain	108	50	0	46%	46%
Southeastern	81	51	22	63%	90%
Southeastern Reg	138	113	17	82%	94%
Tideland	85	61	11	72%	85%
V-G-F-W	64	48	9	75%	89%
Wake	157	116	13	74%	82%
Western Highlands	247	0	6	0%	2%
Wilson-Greene	37	37	0	100%	100%
Statewide Total	3622	2446	221	68%	74%

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Accountability 3 - CTSP Waiting List

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson-Lenoir	Yes
Durham	Yes
Eastpointe	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills Center	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Western Highlands	Yes
Wilson-Greene	Yes